District of BUREAU OF VITAL STATISTICS Town of Mann ORIGINAL CERTIFICATE OF BIRTH ORIGINAL CERTIFICATE OF BIRTH County Registrar No. Local Registrar No. St. Ware (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed 3. Sex of Called To be answered ONLY in event of plural births. St. Ware (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of birth. St. Ware (Is alled in not yet named, make supplemental report, as directed of bi	PLACE OF BIRTH	ARIZON	NA STATE BOAL	RD OF HEALTH
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